FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:								
Estimated average	burden							
hours per response	1600							

SEC USI	EONLY
Prefix	Serial
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DATE RE	CEIVED
1	i

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	1/2 /1/ acc D. N Ex/
ANDRUS IS IS Development (asporation Series # treferred	(Convertible) (Hering "Reg!) 2016
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6	6) ULOE BEBY
Type of Filing: New Filing Amendment	Mail Processing
<i>N</i>	Section
A. BASIC IDENTIFICATION DATA	——————————————————————————————————————
1. Enter the information requested about the issuer	JAN 2 3 2009
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
ANDRAS Isle Dovelopment Corporation	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code)	1 10 1 10/6-
1031 Ives Daven Krad, Jute 228, Pliami, Fr 33/19	1/305/9/4-1/59
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
	<u> </u>
Brief Description of Business	
	. 111/1/1/1/4
The Company is in the Susiness of acquiring and dovelop	ing Cando-hotels and Esort project
Type of Busines Organization	DDOCESSED!
corporation limited partnership, already formed other	(please specify): PHUCESSLE
business trust limited partnership, to be formed	
Month Year	<u> </u>
Actual or Estimated Date of Incorporation or Organization: 019 Actual Est	timated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta	
CN for Canada: FN for other foreign jurisdiction)	MIZ SINANCIAL

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDE	NTIFICATION DATA								
2. Enter the information reque	sted for the foll	owing:									
Each promoter of the it	 Each promoter of the issuer, if the issuer has been organized within the past five years; 										
 Each beneficial owner? 	having the powe	er to vote or dispose, or dir	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.						
Each executive officer	and director of	corporate issuers and of	corporate general and mar	naging partners of p	partnership issuers; and						
 Each general and mans 	aging partner of	partnership issuers.									
Cheels Bowless that Apple	7 Promoter	M Beneficial Owner	(7) Executive Officer	Director	General and/or						
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	** S	Managing Partner						
Full Name (Last name first, if inc	De/	,									
Business or Residence Address	Hh i L	Street, City, State, Zip Co	le Lakes, Fo	(33309							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if in 95) Susiness or Residence Address	dividual)* Venue	Morth Laud Street, City, State, Zip Co	Perdale, FC	33068							
Check Box(es) that Apply:] Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if in 1936) (n) (N) Business or Residence Address	Avenue	H108 Sunny Street, City, State, Zip Co	Isbs Beach,	K 33/0	60						
Check Box(cs) that Apply: The first of the control		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
6065 N. W. 16 Business or Residence Address	7th Str	Street City, State, Zip Co	3 MIĂMÍ,	FL 330)(5						
Check Box(es) that Apply:] Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if in	dividual)										
Business or Residence Address	(Number and S	Street, City, State, Zip Co	de)		<u>:</u>						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if in	dividual)		,								
Business or Residence Address	(Number and 5	Street, City, State, Zip Co	ode)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if inc	dividual)										
Business or Residence Address	(Number and 5	Street, City, State, Zip Co	de)	· · · · · · · · · · · · · · · · · · ·							
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	(220.0191)	or sohl mie aze	inonai cohira ni 11112 2	HELESSATY)							

					B. 1N	FORMATI	ON ABOU	r offeri	NG				·
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١.	mas the	issuer soit	i, or uses if			Appendix,					•••••••••••	U.	/
2.	What is	the minim	um investn								•••••	\$_10,000,00	
												Yes	No
3.											风		
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	li Name (Last name	first, if indi	ividual)		٠							
Bus	siness or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	Cip Code)		·				
Na	me of As	sociated Bi	roker or De	aler									
Sta			Listed Ha						,		• • • • • • • • • • • • • • • • • • • •		
	(Check	"All State:	s" or check	individual	States)			************		*************		☐ A1	I States
	AL IL MT RI	IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	li Name (Last name	first, if ind	ividual)									· · · · · · · · · · · · · · · · · · ·
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)			·····			
Na	me of As	sociated Br	roker or De	aler		ş					.		·
Sta	ites in Wi	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	**************	*************	***************************************				All States	
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Ful	Il Name (Last name	first, if ind	ividual)		<u>-,-,</u>	· ·	·		<u>,</u>			
Bu	siness or	Residence	: Address (1	Vumber an	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated Bi	roker or De	aler									
Sta	tes in Wi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				····		~~~
	(Check	"All States	s" or check	individual	States)	:		**************	**************	•••••••	***************************************	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ TA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Aiready Sold
		_		Solu
	Debt			\$
	Equity	10,000,000	<u> </u>	\$ 80,000.00
	☐ Common 【 Preferred			
	Convertible Securities (including warrants)			
	Partnership Interests	5		S
	Other (Specify)			
	Total	5 0.00 is soly	00Ò+0	00,60000 00.0
	Answer also in Appendix, Column 3, if filing under ULOE.	•		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purcheses
	Accredited Investors			\$ 60,000.00
	Non-accredited Investors	_		\$
	Total (for filings under Rule 504 only)	-		•
	Answer also in Appendix, Column 4, if filing under ULOE.		_	<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	-		
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A			\$
	Rule 504			\$
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			s 124.00
	Printing and Engraving Costs		$\overline{\Box}$	\$ 1.00
	Legal Fees		\Box	s_2,500.00
	Accounting Fees			\$0,00
	Engineering Fees			s <u>0.00</u>
	Sales Commissions (specify finders' fees separately)			s 0,00
	Other Expenses (identify)			\$ 0,00
	Total			s 0.00 2,624,00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	;	s 0.00 9, 991,316,
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	!	,
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	1536000	00-15-140,000.00
	Purchase of real estate	— ————	- -
	Purchase, rental or leasing and installation of machinery and equipment		24
	Construction or leasing of plant buildings and facilities	□ s	\square \$2,000,000.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_s <u> </u>	5 D.00
	Repayment of indebtedness	s 4,900.00) [\$ 1,706.00
	Working capital		-1695.270.00
	Other (specify): Surveys + LAND Planning 4/8,800,00; Marketing 45),000,00;	s	_ [s.350,004.00]
	Engineering #15,000.00: Arguitectural Deiso Work \$150,000.00:		
	Legal Fees #56,200.00	□ \$	_ 🗆 \$
	Column Totals	364,900.0 □ \$_ 0.00	[©] □\$ 0.00 1,63 2,4
	Total Payments Listed (column totals added)	\$_	0.00 9,997,376.00
Г	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commistion furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writ	
A	NDEOS Ide Development Corp. D=622	8/1/20	07
Na	me of Signer (Print or Type) Title of Signer (Print or Type)	-1 1 -	-
<u>L</u>	AMEN CILISE	irector	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?	
	See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Fo D (17 CFR 239.500) at such times as required by state law.	orm
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees.	thc
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Unifilimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied.	
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersig athorized person.	gned
Issuer (OS Isle Doublinment Corn. Signature 8/1/2001	
Name (DAI	Print or Type) Title (Print or Type) Drec Dy	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Yes	No			
AL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Service Control							Trans. Laboratoria
AK		T							
AZ	<u> </u>) }							
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APPENDIX 2 3 i Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of to non-accredited offering price amount purchased in State waiver granted) offered in state investors in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Amount . Yes No Amount State MO MT NE NVNH NJ NM NY NC ND ОН OK OR PA RI SC SD TN TX UT VT VA WA wv WI

	APPENDIX										
1		2	3		4						
	to non-a investor	I to sell ccredited s in State -Item 1)	redited offering price Type of investor and offered in state amount purchased in State					under Sta (if yes, explan- waiver	lification ate ULOE attach attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors Amount Investors Amount			Yes	No			
WY	; ;								1		
PR	, ,	and the second									

